MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/541839

FILING DATE

APPLICANT(S)

CLAIMS														
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	1						51							
2		1					52							
3		2					53							
4		2					54							
5		2					55							
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44							94							
45							95							
46							96							
47							97							
48							98							
49							99							
50							100							
TOTAL IND.		↓		↓		↓	TOTAL IND.		↓		↓		↓	
TOTAL DEP.	9	←		←		←	TOTAL DEP.		←		←		←	
TOTAL CLAIMS	10						TOTAL CLAIMS							